SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name P95000097280 (8) RICHARD QUAID, INC. Principal Place of Business Mailing Address 1235 N. ORANGE AVE., STE. 201 1235 N. ORANGE AVE., STE. 201 ORLANDO FL 32804 ORLANDO FL 32804 3. Date Incorporated or Qualified 3a. Date of Last Report 12/19/1995 Principal Place of Business 2. 2a. Mailing Address 4, FEI Number Applied For 21 26 59-3352788 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Country 8. This corporation has liability for intangible tax under s. 199 032. 24 25 29 30 🗶 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name QUAID, RICHARD 1235 N. ORANGE AVE., STE. 201 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstang) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE **PSD** DELETE 117006 Change Addition NAME QUAID, RICHARD 1.2 NAME CR2E034 STREET ADDRESS 7220 BAY CLUB WAY 1.3 STREET ACCRESS ORLANDO FL 32835 CITY - ST - ZIP 1.4 CITY - ST - ZIF TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 31 TITLE Change Addition NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZiP 3.4 CITY ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 a STREET ADDRESS CITY-ST-ZIP 44CITY-ST-ZIP TITLE DELETE 51 HILE Change Addit on 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TIFLE Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CiTY - ST - ZIP 14. I do hereby certify that the information supplied with this imag is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 further certify that the information indicated on this amfulst report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I arm an officer or directors the origination or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 to not a state-himment with an address.

SIGNATURE: \_

SIGNATURE AND TY ED OR PE

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayland Phone #